

Northwest Community Healthcare  
**Paramedic Class Advisory Committee Report**  
 September 8, 2016

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**2015-2016 outcomes:** N 28 students

EMS 210	EMS 211	EMS 212	EMS 213	EMS 216	Cum GPA
Preparatory	Resp/Cardiac	Medical Emerg	Trauma/Sp Pop	Final written/ECG	
<b>91.78</b>	<b>92.68</b>	<b>88.89</b>	<b>92.05</b>	<b>91.62</b>	<b>91.41</b>

Seven (top quartile) graduated with academic honors (GPA ≥94%)

By mid-July, 27/28 completed the field internship, graduated, and were eligible to take a credentialing exam.

One student was unable to successfully complete the field internship after two attempts and is now under an IEP to repeat a large portion of the incoming paramedic class including the entire field internship one more time.

- One finished late and was a no show for our NR practical exam held in July, and has not taken it yet. He has not been licensed.
- One student finished the field internship on an extended IEP after the 2<sup>nd</sup> NR practical exam date and has been authorized to take the State exam due to no NREMT practical exams in the area.

**Ultimately, 25 have attempted the NREMT written exam**

1 <sup>st</sup> attempt pass	Cumulative Pass within 3 attempts	NREMT data
21/25 (84%)	*24/25 (96%)	1 <sup>st</sup> attempt: 75% Cum pass in 3 attempts: <b>82%</b>

\*One has failed the NREMT written exam 3 times despite intensive remediation and has been granted a waiver to switch to the state exam.

All 25 of these candidates have passed the NR practical exam.

**Student feedback on the CoA Paramedic Program Survey: See detailed report attached**

Summary Paramedic knowledge base (cognitive domain): 4.8 (scale 1-5)  
 Summary Psychomotor domain: 4.8  
 Summary Affective domain: 4.8

Generally, very positive comments from students regarding class and Field Internships

**Opportunities:** While labs had a new coordinator who did a good job of designing rotations and working with the equipment officers to have them set up on time, it was discovered late in the program that they did not always have the number of preceptors needed nor did they flow as anticipated. Students still did not have practice revolutions that mirrored real-life performance of some skills.

**Changes made for F15/S16 class based on previous student feedback**

- Preceptor course was updated to include an expansion on expected documentation of PCRs and student comments show the enhancements put in place were very successful.
- The **seminar agenda** was enhanced to include active student engagement activities in creating scenarios, role playing the patients and responders, and evaluating their peer performance. Labs were offered every afternoon to help prepare them for the final and NR practical examinations. Content was specifically designed to also serve as a NREMT refresher course for those already licensed System members wanting to pursue national registration.

- **Quiz and exam validity:** All modular exams and the Final written exam were blueprinted to objectives and balanced in a table of specifications that aligned questions into A&P/Pathophysiology/ Facts 10-15%; Assess/Interpret data to form a conclusion 40%; Interventions 40%; and Monitoring/ On-going assessment 5-10%. Items were updated by the Program Director and reviewed in advance by at least four subject matter experts and the EMS MD for item construction, accurate keyed responses, and rated for item difficulty. The EMS MD approved every major evaluation instrument in advance. All exams performed reliably with measures of central tendency within statistically allowable variation.
- **Final exams:** Students performed well and all passed the written exam on the first attempt. The final practical exam was updated to reflect the same stations as the NR practical exam. Students were well prepared and only three had to retest one station and all passed the retest. This is extraordinarily high performance.
- **Course completion criteria:** Several educators must sign off on summative criteria for a student to graduate without restriction (academic passing grades, all homework submitted, simulated runs completed and submitted, Field Internship complete and all signed paperwork submitted, and all patient care contacts completed and entered into Fisdap). A dashboard was created so all EMS staff could enter their approvals and see where students were in the completion process. This worked well and all but five students were done with everything by graduation and two of those were signed off prior to the first NR practical exam. Much better timely completion rate than in the past. .

### 2016-2017 Incoming class

We have accepted 30 students into the new class based on field internship availability. They will be riding with 15 of the System agencies. Class begins on September 12, 2016. Initial correspondence went out in early summer to each student with instructions regarding requirements to complete before class starts.

### Changes made for F16/S17

- **Schedule** totally redone to meet Harper semesters (Higher Learning Commission requirement) so students do not lose financial aid. **The new Course Agenda is attached.**
- Lesson plans and class handouts being updated based on new science.
- **Labs** being totally reconstructed to facilitate creation of student portfolios (new req from NREMT & CoA) and become a better learning experience
- **Health prerequisite** requirements were modified (based on industry standards) and transitioned from Harper Health Services to NCH Occupational Medicine for more ready access for students.
- **Hospital clinical instruction plans** have been revised with amended evaluation forms to meet accreditation standards.
- **Field internship** modified slightly to place emphasis on phase 2; team leadership in compliance with CoA requirements for the capstone experience.
- **Student handbook** has been revised to better reflect essential aspects of the paramedic profession and ADA criteria, update the health requirements section, and to clarify credentialing exam options. Illinois law gives students the choice of taking the state exam or the NREMT exam. The program cannot require a student to take the NREMT exam. The EMS MD can require all new hires to have NR recognition, but that will be a discussion for the Chiefs/Administrators. **New handbook is attached.**
- The number and nature of patient care contacts and minimum skill revolutions worked well for us last year based on successful student outcomes and we are recommending that those stay the same.

TTD: Full CoA application for Accreditation due by December.

Respectfully submitted,

Connie J. Mattera, MS, RN, EMT-P  
EMS Administrative Director and Paramedic Program Director